MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT: 10/524076

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/					51						
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47								97						
48								98						
49								99						
50								100						
TOTAL IND.		↓		↓		↓		TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←		TOTAL DEP.		←		←		←
TOTAL CLAIMS								TOTAL CLAIMS						